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February 18, 2004

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To: Assistant Commissioner for Patents	From: Estella Pineiro Patent Administrator 818/493-2251	1 8 2004
Attention: Examiner F. Oropeza Art Unit: 3762 TECHNOLOGY CENTER 3700	ST. JUDE MEDICAL CRMD 15900 Valley View Court Sylmar, California 91392-9221	
Telecopier: 703/872-9306	Telecopier: 818/362-4795	
RE: Amendment and Request for Reconsideration Applic. No. 10/051,889 Filed: 01/16/2002	Number of pages being sent: 14 (including cover page)	

*PLEASE DELIVER TO EXAMINER FRANCES P. OROPEZA, Art Unit 3762.

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02/18/04 09:27 FAX 818 362 47

PATENT

F. Oropeza

3762

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Allan R. Schwartz et al.

Serial No.: 10/051,889

01/16/2002

Docket No.: 99P1040US01

For:

METHOD AND APPARATUS FOR RESETTING PROGRAMMING

PARAMETERS WITHIN AN IMPLANTABLE MEDICAL DEVICE

TRANSMITTAL OF AMENDMENT AND REQUEST FOR RECONSIDERATION AND CERTIFICATE OF MAILING

MAIL STOP - AMENDMENTS COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

Filed:

Submitted herewith for filing are the following documents:

- Amendment and Request for Reconsideration
- Transmittal of Amendment... and Cert. of Mlg.
- Fee Transmittal

Respectfully submitted,

Examiner: Art Unit:

Date:

Ronald S. Tamura, Reg. No. 43,179

Patent Attorney for Applicant

Correspondence Address: PACESETTER, INC. 15900 Valley View Court Sylmar, CA 91392-9221 818/493-2200 818/362-4795 (fax)

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office on:

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PTO/SB/17 (10-03)
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CEE TO A NOMITTA	NI				Complete if Known				
FEE TRANSMITTAL		Application Number			10/051,889				
for EV 2004		Filing Date			01/16/2002				
for FY 2004		First Named Inventor		or Allan R.	Allan R. Schwartz				
Effective 10/01/2003. Patent fees are subject to annual revision.		Examiner Name		F. Orop	F. Oropeza				
Applicant claims small entity status. See 37 CFR 1.27	Art		Unit		3762				
TOTAL AMOUNT OF PAYMENT (\$) 36	Attorney Docket No.			ket No	99P104	99P1040US01			
METHOD OF PAYMENT (check all that apply) FEE CALCULATION (continued)									
Check Credit card Moncy Other None 3. ADDITIONAL FEES									
Deposit Account:	Fee		Entity , Small Entity Fee Fee Fee Fee Fee Description						
Deposit Account 16-0068		e (\$)	Code	(\$)		Description .	Fee Paid		
Number	1051		2051		_	filing fee or oath	· ·		
Deposit Account PACESETTER, INC.	1052	2 50	2052	- (cover sheet	provisional filing fee or	 		
Name The Director is authorized to: (check all that apply)	1053		1053		Non-English spe	cification est for <i>ex parte</i> reexamination			
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FEE CALCULATION	125		2251			ply within first month			
1. BASIC FILING FEE	125		2252			ply within second month			
Large Entity Small Entity Fee Fee Description Fee Paid	125		2253			ply within third month			
Fee Fee Fee Paid Code (\$) Code (\$)		4 1,480	2254			ply within fourth month ply within tifth month			
1001 770 2001 385 Utility filing fee	1	5 2,010	2255			•			
1002 340 2002 170 Design filing fee	140 140		2401		Notice of Appea	support of an appeal			
1003 530 2003 265 Plant filing fee	140		2403		Request for cra				
1004 770 2004 385 Reissue filing fcc		1 1,510	1451			ute a public use proceeding			
	145	-	2452		Petition to revive				
SUBTOTAL (1) (\$)	145	3 1,330	2453	665	Petition to reviv	e - unintentional			
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	150	1 1,330	2501	685	Utility Issue fee	(or reissue)			
Extra Claims below Fee Paid	150	-	2502	240	Design issue fe	•			
Total Claims 22 -20** = 2 X 18 = 36 Independent 3 3** = 3 X 86 = 0	150	-	2503		Plant issue fee				
Independent 3 -3" = 3 × 86 = 0 Claims Multiple Dependent	146		1460		Petitions to the		<u> </u>		
	180		1807		_	under 37 CFR 1.17(q)			
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Code (\$) Code (\$)	802	1 40	8021		property (times	number of properties)			
1202 18 2202 9 Claims in excess of 20 1201 86 2201 43 Independent claims in excess of 3	180	9 770	2809	385	Filing a submiss (37 CFR 1.129)	sion after final rejection (a))			
1203 290 2203 145 Multiple dependent claim, if not paid	181	0 770	2810	385	For each addition	onal invention to be CFR 1.129(b))			
1204 86 2204 43 ** Reissue independent claims over original patent	180	1 770	2801	385		ontinued Exemination (RCE)			
1205 18 2205 9 ** Reissue claims in excess of 20	180	900	900 1802 900 Request for expedited examination						
and over original patent	of a design application Other fee (specify)								
SUBTOTAL (2) (\$) 36 "or number previously paid, if greater, For Reissues, see shove	*Reduced by Bastc Filing Fee Paid SUBTOTAL (3) (\$)								
SUBMITTED BY (Complete (if applicable))									
Registration No. 43 179 Telephone 818/493-3157									
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